Long Term Care
Highlights

November 2001

North Dakota Department of Health
Division of Health Facilities

Challenges Posed by the Wanderer

By Dorrene Haugrud

Mary and John are nursing home residents who wander. Mary wanders aimlessly up and down the hall, ambling slowly, peering into other resident's rooms. She enters some rooms, rummages through drawers, helps herself to the personal items of other residents, and returns to the corridor to continue wandering.

John tries to open every door he sees but is especially infatuated with the facility's doors to the outside and makes frantic attempts to leave, stating, "I need to get out of here, I need to get home."

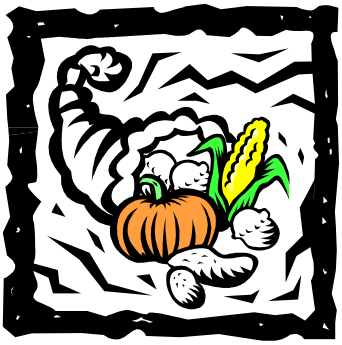
These wandering type behaviors may occur numerous times during the day, at a specific time of the day, or with no predictable pattern.

Monitoring of the resident for wandering characteristics should begin upon admission. Information obtained from the family regarding prior wandering patterns should be shared with all staff, but especially with the certified nurse assistants (CNAs) who typically provide 80 percent to 90 percent of the resident care and need to have a reasonable understanding of what the resident's behavior is communicating. The CNA's monitoring and observation of the behavior will determine what events may trigger the wandering behavior, and what is learned during staff observation will help in the development of individualized care approaches.

Joan Fopma-Loy, Journal of Psychosocial Nursing (1988), suggests looking for triggers in the environment. Does wandering happen at certain times of the day, i.e., late afternoon or evening, when staff are busier and less available? What relationship does wandering have to daily events such as mealtime, activities, or following bathing? What relationship does wandering have to changes in the weather? Staff should be alert to what the destination, mood and nonverbal behavior may be communicating about the resident's motivation to wander.

In Geriatric Nursing (September/October 1991), Butler and Barnett wrote that all wandering fits into one of four categories – purposeful, aimless, escapist and critical.

"Purposeful" wandering is described as walking with an apparent intent such as exercising, passing the time of day, relieving boredom, needing to void, experiencing thirst, hunger, etc.



Wanderers with memory and attention deficits may be unable to keep the destination in mind.

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The resident knows his location, and is generally not a problem unless he/she infringes on the rights of others or requires excessive amounts of staff time to locate. Risks to the resident may include fatigue, falls, increased incontinence, weight loss, dehydration, or social isolation or withdrawal.

Because wanderers with memory and attention deficits may be unable to keep the destination in mind, they forget where they are going. Having possible destinations close and clearly visible (bathrooms, closets, etc.) and minimizing distractions by other stimuli along the way may be effective.

Likewise, the wanderer with visual-spatial deficits may know where he wants to go but doesn't know how to get there. In these cases, the resident may benefit from having bathrooms, dining rooms, and other destinations clearly marked, or by being escorted or directed to desired locations.

"Aimless" wandering is defined as the wanderer who is disoriented and moves about purposelessly looking for some unknown location. This wanderer is the one most likely to be rummaging through other's belongings. Some suggested treatment strategies could include providing diversional activities (especially if the wandering occurs at a recognized time of the day), using Velcro to attach barrier cloths across doorways, placing shields over doorknobs (if resident who resides in room can continue to access the doorknob and open his/her door), and masking the environmental sounds at night.

The "escapist" wanderer is described as one who makes a conscious attempt to get to another location, such as returning home. This type of wanderer may leave undetected, hurrying to his destination. Knowing the resident's intentions will facilitate staff monitoring of this resident.

"Critical" wandering is described as the most dangerous form of wandering. This resident neither knows where he is, nor understands the ramifications of his actions. The use of identification bracelets and electronic monitoring devices are suggested for use with both the escapist and critical-type wanderers. In addition, with these types of wanderers, the importance of facility protocols for locating the missing resident, and staff familiarity with these protocols, becomes crucial.

The staff, and especially the CNA's role in monitoring the wandering resident, is frequently frustrating, often exhausting and always challenging. Much of this can be alleviated with ongoing and appropriate training in monitoring and interventions, staff awareness of individual resident wandering characteristics and patterns, and consistent implementation of interventions in response to the individual resident's wandering behavior.

References:

1. Janice K. Olson: Who's Watching the Wanderers. Contemporary Long Term Care June 2001: 10-15.
2. Fopma-Loy J. Wandering: Causes, Consequences and Care. J Psychosocial Nursing Mental Health Serv. 1988; 26 (5):8-18.
3. Butler J Barnett C. Window of Wandering. Geriatric Nursing 1991; Sep/Oct: 226-227

Critical wandering is described as the most dangerous form of wandering.

Health Alert Network
For information about bioterrorism, please go to the Department of Health's website at www.health.state.nd.us/healthalert/.

"What's New in Health Facilities" Video Newsletter
This quarterly video newsletter can be obtained from the Department of Health's Resource Library by calling Lynette Pitzer at 701.328.2368 or e-mail at lpitzer@state.nd.us.

Change in E-Mail Address
If your nursing facility e-mail address changes, please notify Cheryl Stockert at cstocker@state.nd.us. The goal is to maintain an up-to-date nursing facility e-mail distribution list. Thank you.

Reminder
The state server is down the third Tuesday of each month from 6 a.m. to 9 a.m. Central Standard Time. You will not be able to transmit data or access reports during this time.

Appropriate Use of Antipsychotic Medications

By Joyce Johnson

The survey process includes a review of the medication regimen for all sampled residents. When the drug regimen includes antipsychotic medications, the resident's medical record is reviewed for the following: medication dose, duration of therapy, monitoring of side effects, indications for use, presence of adverse reaction and attempts at dose reduction. The goal is to determine the medication is necessary.

Antipsychotic medications have limited indications. . .

Antipsychotic medications have limited indications, such as treatment of psychiatric disorders such as schizophrenia, delusional disorder, or bi-polar disorder. These medications should not be used when behavior symptoms are caused by factors such as the environment, psychosocial factors, or a medical condition. Non-drug approaches for behaviors should be attempted before antipsychotic medications are initiated.

Examples of documentation supporting the use of antipsychotic medications may include:

- A physician's progress note indicating the drug is being used appropriately. The documentation also should include the reason the physician considers the use appropriate. Potential risks/benefits to the resident must be considered carefully.
- A medical or psychiatric consultation or evaluation that confirms the use of the drug is in the resident's best interest.
- Evidence of monitoring for side effects and potential adverse consequences related to drug use.
- Documentation confirming attempts at dosage reduction, including the resident's response to the dose reduction attempts.
- Thorough documentation of behaviors necessitating the use of the medication, including the resident's response to any alternatives attempted before using medication.
- Documentation showing the resident's functional status has improved with use of the medication.
- Documentation showing any decline in the resident's status has been thoroughly evaluated by the interdisciplinary team to determine factors contributing to the decline.
- Specific documentation as to why the resident may require a dose outside the guidelines.
- Any other appropriate evidence to support use of the antipsychotic medication.

References:

State Operations Manual: Appendix P, Survey Procedures for Long Term Care Facilities, pages 114 through 128.

"A Surveyors' Study Guide to Antipsychotic Drug Use in Nursing Homes" published by the U.S. Department of Health and Human Services.

The MDS Assessment: To Sign or Not to Sign?

By Kara Steier

With the age of computers, handwritten signatures have become a thing of the past in most areas. However, that is not the case when looking at the Code of Federal Regulations (CFR).

CFR 483.20, tag F278 under Certification, states: "(1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment."

The "Guidance to Surveyors" in the probes section states, "When MDS forms are completed directly on the facility's computer, (e.g., no paper form has been manually completed) the RN Coordinator signs and dates the computer generated hard copy after reviewing it for completeness, including the signatures of all individual assessors."

In the July, 2001 edition of the Long Term Care Resident Assessment Instrument Question and Answers, question #3-11 gives some clarification on the issue of electronic

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The MDS Assessment: (cont.)

signatures. The question is, "Is it permissible to use electronic signatures for RAI forms and maintain RAI records only in electronic format?" The answer given is, "Until such time as the agency adopts an electronic signature standard that is compatible with pending Health Insurance Portability and Accountability Act (HIPAA) requirements for electronic signature, all facilities are required to sign and retain hard copies of MDS forms. We understand that the industry is eager to use electronic signatures, and we are just as eager to enable that capability. We plan to implement this as soon as the Centers for Medicare & Medicaid Services adopts an electronic signature standard, and the standard system is upgraded to enable compliance."

Until further notice, upon completion of the MDS assessments, remember to print a hard copy of the assessment and obtain signatures of the RN Coordinator and the individual assessors.

The staff of the Division of Health Facilities would like to wish you and yours a Happy Holiday Season!

Be Thankful

~Be thankful that you don't already have everything you desire. If you did, what would there be to look forward to?

~Be thankful when you don't know something, for it gives you the opportunity to learn.

~Be thankful for the difficult times. During those times you grow.

~Be thankful for your limitations, because they give you opportunities for improvement.

~Be thankful for each new challenge, because it will build your strength and character.

~Be thankful for your mistakes. They will teach you valuable lessons.

~Be thankful when you're tired and weary, because it means you've made a difference.

~It's easy to be thankful for the good things.

~A life of rich fulfillment comes to those who are also thankful for the setbacks.

~Gratitude can turn a negative into a positive.

~Find a way to be thankful for your troubles, and they can become your blessings.

~Author Unknown~